

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation
Against:

TAISHINE WANG, M.D.

Physician's and Surgeon's
Certificate No. A 42340

Respondent.

File No. D1-2004-160526


DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on December 16, 2009.

IT IS SO ORDERED November 16, 2009.

MEDICAL BOARD OF CALIFORNIA

By: 
Hedy Chang, Chair
Panel B

1 EDMUND G. BROWN JR.
 Attorney General of California
 2 ROBERT MCKIM BELL
 Supervising Deputy Attorney General
 3 JUDITH T. ALVARADO
 Deputy Attorney General
 4 State Bar No. 155307
 300 South Spring Street, Suite 1702
 5 Los Angeles, California 90013
 Telephone: (213) 576-7149
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Attorneys for Complainant

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
 9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10
 11 In the Matter of the Accusation and Petition to
 Revoke Probation Against:

Case No. D1-2004-160526

12 TAISHINE WANG, M.D.
 13 2713 Santa Ana
 South Gate, California 90280
 14 Physician's and Surgeon's Certificate
 No. A 42340,

**STIPULATED SETTLEMENT AND
 DISCIPLINARY ORDER**

15
 16 Respondent.

17
 18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
 19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Barbara Johnston (Complainant) is the Executive Director of the Medical Board of
 22 California. She brought this action solely in her official capacity and is represented in this matter
 23 by Edmund G. Brown Jr., Attorney General of the State of California, by Judith T. Alvarado,
 24 Deputy Attorney General.

25 2. Taishine Wang, M.D. (Respondent) is represented in this proceeding by attorney
 26 Raymond J. McMahon, whose address is Bonne, Bridges, Mueller, O'Keefe & Nichols, 1851 East
 27 First Street, Suite 810, Santa Ana, California 92705.

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1 3. On or about December 9, 1985, the Medical Board of California issued Physician &
2 Surgeon's Certificate number A 42340 to Taishine Wang, M.D. The certificate was in full force
3 and effect at all times relevant to the charges brought in Accusation number D1-2004-160526.

4 **JURISDICTION**

5 4. Accusation and Petition to Revoke Probation No. D1-2004-160526 was filed before
6 the Medical Board of California (Board), and is currently pending against Respondent. The
7 Accusation and Petition to Revoke Probation and all other statutorily required documents were
8 properly served on Respondent on June 23, 2009. Respondent timely filed his Notice of Defense
9 contesting the Accusation and Petition to Revoke Probation. A copy of the Accusation and
10 Petition to Revoke Probation No. D1-2004-160526 is attached as exhibit A and incorporated
11 herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 5. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in the Accusation and Petition to Revoke Probation No. D1-2004-160526.
15 Respondent has also carefully read, fully discussed with counsel, and understands the effects of
16 this Stipulated Settlement and Disciplinary Order.

17 6. Respondent is fully aware of his legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation and Petition to Revoke Probation; the
19 right to be represented by counsel at his own expense; the right to confront and cross-examine the
20 witnesses against him; the right to present evidence and to testify on his own behalf; the right to
21 the issuance of subpoenas to compel the attendance of witnesses and the production of
22 documents; the right to reconsideration and court review of an adverse decision; and all other
23 rights accorded by the California Administrative Procedure Act and other applicable laws.

24 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
25 every right set forth above.

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1 CULPABILITY

2 8. Respondent admits the truth of each and every charge and allegation in Accusation
3 and Petition to Revoke Probation No. D1-2004-160526.

4 9. Respondent agrees that his Physician's and Surgeon's certificate is subject to
5 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
6 Disciplinary Order below.

7 RESERVATION

8 10. The admissions made by Respondent herein are only for the purposes of this
9 proceeding, or any other proceedings in which the Medical Board of California or other
10 professional licensing agency is involved, and shall not be admissible in any other criminal or
11 civil proceeding.

12 CONTINGENCY

13 11. This stipulation shall be subject to approval by the Medical Board of California.
14 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
15 Board of California may communicate directly with the Board regarding this stipulation and
16 settlement, without notice to or participation by Respondent or his counsel. By signing the
17 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
18 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
19 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
20 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
21 action between the parties, and the Board shall not be disqualified from further action by having
22 considered this matter.

23 12. The parties understand and agree that facsimile copies of this Stipulated Settlement
24 and Disciplinary Order, including facsimile signatures thereto, shall have the same force and
25 effect as the originals.

26 13. In consideration of the foregoing admissions and stipulations, the parties agree that
27 the Board may, without further notice or formal proceeding, issue and enter the following
28 Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's & Surgeon's Certificate No. A 42340 issued to Respondent Taishine Wang, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. **ACTUAL SUSPENSION** As part of probation, Respondent is suspended from the practice of medicine until Respondent successfully completes the PACE program.

2. **CLINICAL TRAINING PROGRAM** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California, San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Accusation, and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. The Program's determination whether or not Respondent passed the examination or successfully completed the Program shall be binding.

Respondent shall complete the Program not later than six months after Respondent's initial enrollment unless the Board or its designee agrees in writing to a later time for completion.

1 Failure to participate in and complete successfully all phases of the clinical training
2 program outlined above is a violation of probation.

3 Respondent shall not practice medicine until Respondent has successfully completed the
4 Program and has been so notified by the Board or its designee in writing, except that Respondent
5 may practice in a clinical training program approved by the Board or its designee. Respondent's
6 practice of medicine shall be restricted only to that which is required by the approved training
7 program.

8 3. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective
9 date of this decision, Respondent shall enroll in a course in medical record keeping, at
10 Respondent's expense, approved in advance by the Board or its designee. Failure to successfully
11 complete the course during the first 6 months of probation is a violation of probation.

12 A medical record keeping course taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the course would have
15 been approved by the Board or its designee had the course been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 4. MONITORING - PRACTICE/BILLING Within 30 calendar days of Respondent's
21 successful completion of PACE, Respondent shall submit to the Board or its designee for prior
22 approval as a practice, monitor, the name and qualifications of one or more licensed physicians
23 and surgeons whose licenses are valid and in good standing, and who are preferably American
24 Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current
25 business or personal relationship with Respondent, or other relationship that could reasonably be
26 expected to compromise the ability of the monitor to render fair and unbiased reports to the
27 Board, including, but not limited to, any form of bartering, shall be in Respondent's field of
28 practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring

1 costs.

2 The Board or its designee shall provide the approved monitor with copies of the Decisions
3 and Accusations, and a proposed monitoring plan. Within 15 calendar days of receipt of the
4 Decisions, Accusations, and proposed monitoring plan, the monitor shall submit a signed
5 statement that the monitor has read the Decisions and Accusations, fully understands the role of a
6 monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
7 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
8 signed statement.

9 Within 60 calendar days of Respondent's successful completion of PACE, and continuing
10 throughout probation, Respondent's practice shall be monitored by the approved monitor.
11 Respondent shall make all records available for immediate inspection and copying on the
12 premises by the monitor at all times during business hours, and shall retain the records for the
13 entire term of probation.

14 The monitor shall submit a quarterly written report to the Board or its designee which
15 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
16 are within the standards of practice of medicine or billing, or both, and whether Respondent is
17 practicing medicine safely, billing appropriately or both.

18 It shall be the sole responsibility of Respondent to ensure that the monitor submits the
19 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
20 preceding quarter.

21 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
22 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
23 name and qualifications of a replacement monitor who will be assuming that responsibility within
24 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 days
25 of the resignation or unavailability of the monitor, Respondent shall be suspended from the
26 practice of medicine until a replacement monitor is approved and prepared to assume immediate
27 monitoring responsibility. Respondent shall cease the practice of medicine within 3 calendar
28 days after being so notified by the Board or designee.

1 In lieu of a monitor, Respondent may participate in a professional enhancement program
2 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
3 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
4 chart review, semi-annual practice assessment, and semi-annual review of professional growth
5 and education. Respondent shall participate in the professional enhancement program at
6 Respondent's expense during the term of probation.

7 Failure to maintain all records, or to make all appropriate records available for immediate
8 inspection and copying on the premises, or to comply with this condition as outlined above is a
9 violation of probation.

10 5. NOTIFICATION Prior to engaging in the practice of medicine, Respondent shall
11 provide a true copy of the Decisions and Accusations to the Chief of Staff or the Chief Executive
12 Officer at every hospital where privileges or membership are extended to Respondent, at any
13 other facility where Respondent engages in the practice of medicine, including all physician and
14 locum tenens registries or other similar agencies, and to the Chief Executive Officer at every
15 insurance carrier which extends malpractice insurance coverage to Respondent. Respondent
16 shall submit proof of compliance to the Board or its designee within 15 calendar days.

17 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

18 6. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, Respondent is
19 prohibited from supervising physician assistants.

20 7. OBEY ALL LAWS Respondent shall obey all federal, state and local laws, all rules
21 governing the practice of medicine in California, and remain in full compliance with any court
22 ordered criminal probation, payments and other orders.

23 8. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations
24 under penalty of perjury on forms provided by the Board, stating whether there has been
25 compliance with all the conditions of probation. Respondent shall submit quarterly declarations
26 not later than 10 calendar days after the end of the preceding quarter.

27 9. PROBATION UNIT COMPLIANCE Respondent shall comply with the Board's
28 probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business

1 and residence addresses. Changes of such addresses shall be immediately communicated in
2 writing to the Board or its designee. Under no circumstances shall a post office box serve as an
3 address of record, except as allowed by Business and Professions Code section 2021(b).

4 Respondent shall not engage in the practice of medicine in Respondent's place of residence.
5 Respondent shall maintain a current and renewed California physician's and surgeon's license.

6 Respondent shall immediately inform the Board, or its designee, in writing, of travel to any
7 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30
8 calendar days.

9 10. INTERVIEW WITH THE BOARD, OR ITS DESIGNEE Respondent shall be
10 available in person for interviews either at Respondent's place of business or at the probation unit
11 office, with the Board or its designee, upon request at various intervals, and either with or without
12 prior notice throughout the term of probation.

13 11. RESIDING OR PRACTICING OUT-OF-STATE In the event Respondent should
14 leave the State of California to reside or to practice, Respondent shall notify the Board or its
15 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is
16 defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in
17 any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

18 All time spent in an intensive training program outside the State of California which has
19 been approved by the Board or its designee shall be considered as time spent in the practice of
20 medicine within the State. A Board-ordered suspension of practice shall not be considered as a
21 period of non-practice. Periods of temporary or permanent residence or practice outside
22 California will not apply to the reduction of the probationary term. Periods of temporary or
23 permanent residence or practice outside California will relieve Respondent of the responsibility to
24 comply with the probationary terms and conditions with the exception of this condition and the
25 following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and
26 Cost Recovery.

27 Respondent's license shall be automatically cancelled if Respondent's periods of temporary
28 or permanent residence or practice outside California total two years. However, Respondent's

1 license shall not be cancelled as long as Respondent is residing and practicing medicine in
2 another state of the United States and is on active probation with the medical licensing authority
3 of that state, in which case the two year period shall begin on the date probation is completed or
4 terminated in that state.

5 12. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

6 In the event Respondent resides in the State of California and for any reason Respondent
7 stops practicing medicine in California, Respondent shall notify the Board or its designee in
8 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any
9 period of non-practice within California, as defined in this condition, will not apply to the
10 reduction of the probationary term and does not relieve Respondent of the responsibility to
11 comply with the terms and conditions of probation. Non-practice is defined as any period of time
12 exceeding 30 calendar days in which Respondent is not engaging in any activities defined in
13 sections 2051 and 2052 of the Business and Professions Code.

14 All time spent in an intensive training program which has been approved by the Board or its
15 designee shall be considered time spent in the practice of medicine. For purposes of this
16 condition, non-practice due to a Board-ordered suspension or in compliance with any other
17 condition of probation, shall not be considered a period of non-practice.

18 Respondent's license shall be automatically cancelled if Respondent resides in California
19 and for a total of two years, fails to engage in California in any of the activities described in
20 Business and Professions Code sections 2051 and 2052.

21 13. COMPLETION OF PROBATION Respondent shall comply with all financial
22 obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior
23 to the completion of probation. Upon successful completion of probation, Respondent's
24 certificate shall be fully restored.

25 14. VIOLATION OF PROBATION Failure to fully comply with any term or condition
26 of probation is a violation of probation. If Respondent violates probation in any respect, the
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
28 carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation,

1 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
2 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
3 the matter is final.

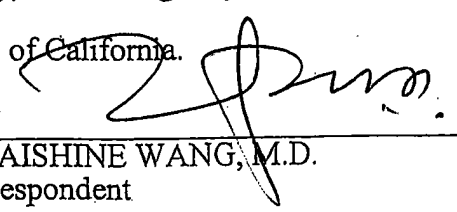
4 15. LICENSE SURRENDER Following the effective date of this Decision, if
5 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
6 the terms and conditions of probation, Respondent may request the voluntary surrender of
7 Respondent's license. The Board reserves the right to evaluate Respondent's request and to
8 exercise its discretion whether or not to grant the request, or to take any other action deemed
9 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
10 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the
11 Board or its designee and Respondent shall no longer practice medicine. Respondent will no
12 longer be subject to the terms and conditions of probation and the surrender of Respondent's
13 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the
14 application shall be treated as a petition for reinstatement of a revoked certificate.

15 16. PROBATION MONITORING COSTS Respondent shall pay the costs associated
16 with probation monitoring each and every year of probation, as designated by the Board; such
17 costs may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
18 California and delivered to the Board or its designee no later than January 31 of each calendar
19 year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

20 ACCEPTANCE

21 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
22 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect
23 it will have on my Physician & Surgeon's Certificate. I enter into this Stipulated Settlement and
24 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
25 Decision and Order of the Medical Board of California.

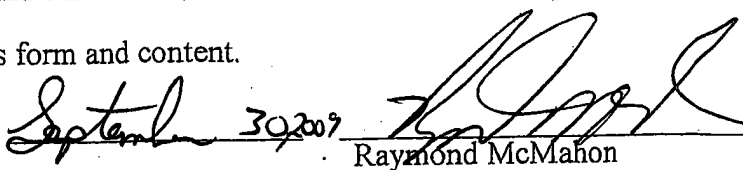
26 DATED: 09/15/09



TAISHINE WANG, M.D.
Respondent

1 I have read and fully discussed with Respondent Taishine Wang, M.D. the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
3 I approve its form and content.

4 DATED: September 30, 2009


Raymond McMahon
Attorney for Respondent

6
7 **ENDORSEMENT**

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
9 submitted for consideration by the Medical Board of California of the Department of Consumer
10 Affairs.

11 Dated: 10/19/2009

Respectfully Submitted,

12 EDMUND G. BROWN JR.
13 Attorney General of California
14 ROBERT MCKIM BELL
Supervising Deputy Attorney General


15 
16 JUDITH T. ALVARADO
17 Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation and Petition to Revoke Probation No. D1-2004-160526

1 EDMUND G. BROWN JR.
Attorney General of California
2 JUDITH T. ALVARADO
Deputy Attorney General
3 State Bar No. 155307
300 South Spring Street, Suite 1702
4 Los Angeles, California 90013
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO JUNE 23 2009
BY: JYELCHAK ANALYST

8 BEFORE THE
9 MEDICAL BOARD OF CALIFORNIA
10 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation and Petition to
12 Revoke Probation Against:

13 TAISHINE WANG, M.D.
2713 Santa Ana
South Gate, California 90280
14 Physician's and Surgeon's Certificate
No. A 42340,

15
16 Respondent.

Case No. D1-2004-160526

ACCUSATION AND PETITION TO
REVOKE PROBATION

17 Complainant alleges:

18 PARTIES

19 1. Barbara Johnston (Complainant) brings this Accusation and Petition to Revoke
20 Probation solely in her official capacity as the Executive Director of the Medical Board of
21 California.

22 2. On or about December 9, 1985, the Board issued Physician's and Surgeon's
23 Certificate number A 42340 to Taishine Wang, M.D. (Respondent). That Certificate was in effect
24 at all times relevant to the charges brought herein, and will expire on July 31, 2009, unless
25 renewed.

26 3. On June 23, 2008, in an Accusation in Case number 06-2004-160526, the Board
27 issued a Decision imposing discipline on Respondent's Certificate. The discipline consisted of
28 revocation, stayed, four years of probation, and terms and conditions that included successful

1 completion of the PACE clinical training program. A true and correct copy of the Decision is
2 attached hereto as Exhibit A, and is incorporated herein as if fully set forth.

3 4. On May 22, 2009, a Suspension Order was issued against Respondent's Physician's
4 and Surgeon's Certificate No. A 42340. The order was based on Respondent's failure to
5 successfully complete the PACE program. The Suspension Order shall remain in effect until
6 Respondent successfully completes the PACE clinical training program or for one year. A true
7 and correct copy of the Suspension Order is attached hereto as Exhibit B, and is incorporated
8 herein as if fully set forth.

9 JURISDICTION

10 5. This Accusation and Petition to Revoke Probation is brought before the Board under
11 the authority of the following laws and in accordance with the Board's Decision and Order in
12 Case No. 06-2004-160526. All section references are to the Business & Professions Code (Code)
13 unless otherwise indicated:

14 6. Section 2227 of the Code provides that a licensee who is found guilty under the
15 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
16 one year, placed on probation and required to pay the costs of probation monitoring, or such other
17 action taken in relation to discipline as the Board deems proper.

18 7. Section 2234 of the Code states:

19 "The Division¹ of Medical Quality shall take action against any licensee who is charged
20 with unprofessional conduct. In addition to other provisions of this article, unprofessional
21 conduct includes, but is not limited to, the following:

22 "..."

23 "(d) Incompetence.

24 ///

25
26 ¹ California Business and Professions Code section 2002, as amended and effective January 1, 2008,
27 provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Cal.
28 Bus. & Prof. Code, §§§§ 2000, et seq.) means the "Medical Board of California," and references to the "Division of
Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the
Board.

CAUSE FOR DISCIPLINE

(Incompetence)

8. Respondent is subject to disciplinary action under sections 2227 and 2234, subsection (d) of the Code, in that he failed to successfully complete the PACE Program, as more specifically described below:

a. On June 23, 2008, in its Decision in Case No. 06-2004-160526, entitled In the Matter of the Accusation Against: Taishine Wang, M.D., the Board imposed discipline on Respondent's Physician's and Surgeon's Certificate No. A 42340, pursuant to a stipulated settlement. The discipline consisted of the revocation of Respondent's Physician's and Surgeon's Certificate, stayed, four years of probation, along with various terms and conditions. One of the conditions of probation was that Respondent successfully complete the University of California San Diego (UCSD), Physician Assessment and Clinical Evaluation (PACE) Program. (Exh. A, p. 3, ¶1.) Another probation condition provided that failing to comply with the terms and conditions of probation constituted a violation of probation that could result in further action by the Board. (Exh. A, p. 9, ¶13.)

b. On about November 12-13, 2008 and February 23-27, 2009, Respondent participated in Phase I and II, respectively, of the PACE Program. During the program, Respondent was assessed and evaluated through standardized written examinations, oral examinations, computerized clinical scenarios, simulated patient evaluations, onsite clinical observation of patients, as well as conferences and discussions of patient management issues. Respondent's performance in the PACE program was evaluated by several of the faculty of the University of California, San Diego Medical Center.

c. On about May 4, 2009, the Director and the Case Manager of the PACE Program wrote a letter to the Board's Probation Unit Manager detailing Respondent's performance in both Phase I and Phase II of the PACE Program. Based on Respondent's results from the various testing modalities and the faculty supervisors' critiques of Respondent's clinical performance, Respondent was found to have failed the PACE Program. Respondent consistently demonstrated deficiencies in the area of medical

1 knowledge and clinical judgment. The PACE Program Director and Case Manager
2 concluded that they had grave concerns regarding Respondent's ability to practice medicine
3 safely.

4 **CAUSE FOR REVOCATION OF PROBATION**

5 **(Failure of PACE)**

6 9. Respondent is subject to revocation of his probation in the case entitled In the Matter
7 of the Accusation Against: Taishine Wang, M.D., Case No. 06-2004-160526, in that he violated
8 the terms and conditions of his probation, as more particularly described below:

9 a. Paragraph 8 and each of its subparts are incorporated herein by
10 reference as if fully set forth herein.

11 b. Condition 1 of Respondent's probation in Case No. 06-2004-160526 states:

12 "A. PACE CLINICAL TRAINING PROGRAM Within 60 calendar days of the
13 effective date of this Decision, Respondent shall enroll in a clinical training or educational
14 program equivalent to the Physician Assessment and Clinical Education Program (PACE)
15 offered at the University of California - San Diego School of Medicine ("Program")."

16 "The Program shall consist of a Comprehensive Assessment program comprised of a
17 two-day assessment of Respondent's physical and mental health; basic clinical and
18 communication skills common to all clinicians; and medical knowledge, skill and judgment
19 pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40-hour program
20 of clinical education in the area of practice in which Respondent was alleged to be deficient
21 and which takes into account data obtained from the assessment, Decision, Accusation, and
22 any other information that the Board or its designee deems relevant. Respondent shall pay
23 all expenses associated with the clinical training program."

24 "Based on Respondent's performance and test results in the assessment and clinical
25 education, the Program will advise the Board or its designee of its recommendation(s) for
26 the scope and length of any additional educational or clinical training, treatment for any
27 medical condition, treatment for any psychological condition, or anything else affecting
28

///

1 Respondent's practice of medicine. Respondent shall comply with Program
2 recommendations."

3 "At the completion of any additional educational or clinical training, Respondent
4 shall submit to and pass an examination. The Program's determination whether or not
5 Respondent passed the examination or successfully completed the Program shall be
6 binding."

7 "Respondent shall complete the Program not later than six months after Respondent's
8 initial enrollment unless the Board or its designee agrees in writing to a later time for
9 completion."

10 "Failure to participate in and complete successfully all phases of the clinical training
11 program outlined above is a violation of probation."

12 "If Respondent fails to complete the clinical training program within the designated
13 time period, Respondent shall cease the practice of medicine within 72 hours after being
14 notified by the Board or its designee that Respondent failed to complete the clinical training
15 program."

16 c. Respondent failed to successfully complete the PACE Program and therefore
17 violated Condition 1 of his probation.

18 DISCIPLINE CONSIDERATIONS

19 10. To determine the degree of discipline, if any, to be imposed on Respondent,
20 Complainant alleges that effective June 23, 2008, in a disciplinary action entitled In the matter of
21 the Accusation Against: Taishine Wang, M.D., Case No. 06-2004-160526, the Board revoked
22 Respondent's Physician's and Surgeon's Certificate No. A 42340, stayed the revocation, and
23 imposed four years of probation with terms and conditions, including the PACE Program, the
24 completion of a medical record keeping course, and a practice monitor. (Exh. A.)

25 PRAYER

26 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
27 and that following the hearing, the Medical Board of California issue a decision:

28 ///

1 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 42340, issued
2 to Taishine Wang, M.D.;

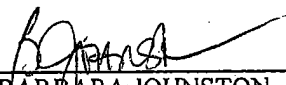
3 2. Revoking the probation that was granted by the Board in Case No. 06-2004-160526,
4 and imposing the disciplinary order that was stayed, thereby revoking his Physician's and
5 Surgeon's Certificate;

6 3. Ordering him to pay the Board, if placed on probation, the costs of probation
7 monitoring;

8 4. Prohibiting Taishine Wang, M.D. from supervising physician's assistants pursuant to
9 section 3527 of the Code; and

10 5. Taking such other and further action as deemed necessary and proper.

11
12 DATED: June 23, 2009.



BARBARA JOHNSTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Exhibit A

Decision and Order

Medical Board of California Case No. 06-2004-160526

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

TAISHINE WANG, M.D..

Physician's & Surgeon's
Certificate No. A 42340

Respondent.

File No: 06-2004-160526

OAH No: 2007060739

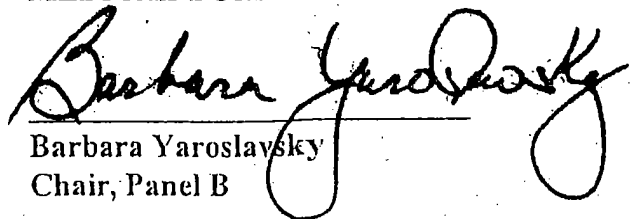
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted as the Decision and Order by the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 23, 2008.

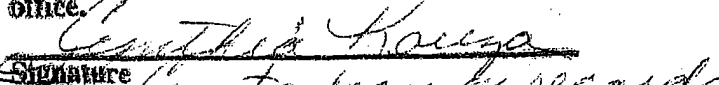
IT IS SO ORDERED May 22, 2008

MEDICAL BOARD OF CALIFORNIA


Barbara Yaroslavy
Chair, Panel B

MEDICAL BOARD OF CALIFORNIA

I do hereby certify that this document is a true
and correct copy of the original on file in this
office.


Signature
Title
Date 5-19-08

EDMUND G. BROWN JR., Attorney General
of the State of California
JUDITH T. ALVARADO, State Bar No. 155307
Deputy Attorney General
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 576-7149
Facsimile: (213) 897-9395

Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

TAISHINE WANG, M.D.

2713 Santa Ana
South Gate, California 90280
Physician & Surgeon's Certificate No. A 42340

Respondent.

Case No. 06-2004-160526

OAH No. 2007060739

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. Barbara Johnston (Complainant) is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Judith T. Alvarado, Deputy Attorney General.

2. Taishine Wang, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is Bonne, Bridges, Mueller, O'Keefe & Nichols, 1851 East First Street, Suite 810, Santa Ana, California 92705.

3. On or about December 9, 1985, the Medical Board of California issued Physician & Surgeon's Certificate number A 42340 to Taishine Wang, M.D. The certificate was in full force and effect at all times relevant to the charges brought in Accusation number 06-2004-160526, and will expire on July 31, 2009, unless renewed.

JURISDICTION

4. Accusation No. 06-2004-160526 was filed before the Medical Board of California (Board), and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 1, 2007. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 06-2004-160526 is attached as Exhibit "A" and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 06-2004-160526. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including his right to a hearing on the charges and allegations in the Accusation; his right to be represented by counsel at his own expense; his right to confront and cross-examine the witnesses against him; his right to present evidence and to testify on his own behalf; his right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; his right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent agrees that his Physician and Surgeon's Certificate is subject to discipline for gross negligence in violation of Business and Professions Code 2234 (b), for his failure to properly evaluate and treat five patients in the manner set forth in the Accusation.

Respondent agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

9. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

10. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

11. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's & Surgeon's Certificate No. A 42340 issued to Respondent Taishine Wang, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

1 The Program shall consist of a Comprehensive Assessment program comprised of
2 a two-day assessment of Respondent's physical and mental health; basic clinical and
3 communication skills common to all clinicians; and medical knowledge, skill and judgment
4 pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of
5 clinical education in the area of practice in which Respondent was alleged to be deficient and
6 which takes into account data obtained from the assessment, Decision, Accusation, and any other
7 information that the Board or its designee deems relevant. Respondent shall pay all expenses
8 associated with the clinical training program.

9 Based on Respondent's performance and test results in the assessment and clinical
10 education, the Program will advise the Board or its designee of its recommendation(s) for the
11 scope and length of any additional educational or clinical training, treatment for any medical
12 condition, treatment for any psychological condition, or anything else affecting Respondent's
13 practice of medicine. Respondent shall comply with Program recommendations.

14 At the completion of any additional educational or clinical training, Respondent
15 shall submit to and pass an examination. The Program's determination whether or not
16 Respondent passed the examination or successfully completed the Program shall be binding.

17 Respondent shall complete the Program not later than six months after
18 Respondent's initial enrollment unless the Board or its designee agrees in writing to a later time
19 for completion.

20 Failure to participate in and complete successfully all phases of the clinical
21 training program outlined above is a violation of probation.

22 If Respondent fails to complete the clinical training program within the designated
23 time period, Respondent shall cease the practice of medicine within 72 hours after being notified
24 by the Board or its designee that respondent failed to complete the clinical training program.

25 2. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of
26 the effective date of this decision, Respondent shall enroll in a course in medical record keeping,
27 at Respondent's expense, approved in advance by the Board or its designee. Failure to
28 successfully complete the course during the first 6 months of probation is a violation of

1 probation.

2 A medical record keeping course taken after the acts that gave rise to the charges
3 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
4 Board or its designee, be accepted towards the fulfillment of this condition if the course would
5 have been approved by the Board or its designee had the course been taken after the effective
6 date of this Decision.

7 Respondent shall submit a certification of successful completion to the Board or
8 its designee not later than 15 calendar days after successfully completing the course, or not later
9 than 15 calendar days after the effective date of the Decision, whichever is later.

10 3. MONITORING - PRACTICE Within 30 calendar days of the effective
11 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
12 practice monitor, the name and qualifications of one or more licensed physicians and surgeons
13 whose licenses are valid and in good standing, and who are preferably American Board of
14 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
15 personal relationship with Respondent, or other relationship that could reasonably be expected to
16 compromise the ability of the monitor to render fair and unbiased reports to the Board, including,
17 but not limited to, any form of bartering, shall be in Respondent's field of practice, and must
18 agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

19 The Board or its designee shall provide the approved monitor with copies of the
20 Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of
21 the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed
22 statement that the monitor has read the Decision and Accusation, fully understands the role of a
23 monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
24 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
25 signed statement.

26 Within 60 calendar days of the effective date of this Decision, and continuing
27 throughout probation, Respondent's practice shall be monitored by the approved monitor.
28 Respondent shall make all records available for immediate inspection and copying on the

1 premises by the monitor at all times during business hours, and shall retain the records for the
2 entire term of probation.

3 The monitor shall submit a quarterly written report to the Board or its designee
4 which includes an evaluation of Respondent's performance, indicating whether Respondent's
5 practices are within the standards of practice of medicine or billing, or both, and whether
6 Respondent is practicing medicine safely.

7 It shall be the sole responsibility of Respondent to ensure that the monitor submits
8 the quarterly written reports to the Board or its designee within 10 calendar days after the end of
9 the preceding quarter.

10 If the monitor resigns or is no longer available, Respondent shall, within 5
11 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
12 approval, the name and qualifications of a replacement monitor who will be assuming that
13 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement
14 monitor within 60 days of the resignation or unavailability of the monitor, Respondent shall be
15 suspended from the practice of medicine until a replacement monitor is approved and prepared to
16 assume immediate monitoring responsibility. Respondent shall cease the practice of medicine
17 within 3 calendar days after being so notified by the Board or designee.

18 In lieu of a monitor, Respondent may participate in a professional enhancement
19 program equivalent to the one offered by the Physician Assessment and Clinical Education
20 Program at the University of California, San Diego School of Medicine, that includes, at
21 minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of
22 professional growth and education. Respondent shall participate in the professional enhancement
23 program at Respondent's expense during the term of probation.

24 Failure to maintain all records, or to make all appropriate records available for
25 immediate inspection and copying on the premises, or to comply with this condition as outlined
26 above is a violation of probation.

27 4. NOTIFICATION Prior to engaging in the practice of medicine, the
28 Respondent shall provide a true copy of the Decision and Accusation to the Chief of Staff or the

1 Chief Executive Officer at every hospital where privileges or membership are extended to
2 Respondent, at any other facility where Respondent engages in the practice of medicine,
3 including all physician and locum tenens registries or other similar agencies, and to the Chief
4 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
5 Respondent. Respondent shall submit proof of compliance to the Board or its designee within
6 15 calendar days.

7 This condition shall apply to any change(s) in hospitals, other facilities or
8 insurance carrier.

9 5. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
10 Respondent is prohibited from supervising physician assistants.

11 6. OBEY ALL LAWS Respondent shall obey all federal, state and local
12 laws, all rules governing the practice of medicine in California, and remain in full compliance
13 with any court ordered criminal probation, payments and other orders.

14 7. QUARTERLY DECLARATIONS Respondent shall submit quarterly
15 declarations under penalty of perjury on forms provided by the Board stating whether there has
16 been compliance with all the conditions of probation. Respondent shall submit quarterly
17 declarations not later than 10 calendar days after the end of the preceding quarter.

18 8. PROBATION UNIT COMPLIANCE Respondent shall comply with the
19 Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's
20 business and residence addresses. Changes of such addresses shall be immediately
21 communicated in writing to the Board or its designee. Under no circumstances shall a post office
22 box serve as an address of record, except as allowed by Business and Professions Code section
23 2021(b).

24 Respondent shall not engage in the practice of medicine in Respondent's place of
25 residence. Respondent shall maintain a current and renewed California Physician and Surgeon's
26 license.

27 Respondent shall immediately inform the Board, or its designee, in writing, of
28 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,

1 more than 30 calendar days.

2 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE Respondent
3 shall be available in person for interviews either at Respondent's place of business or at the
4 probation unit office, with the Board or its designee, upon request at various intervals, and either
5 with or without prior notice throughout the term of probation.

6 10. RESIDING OR PRACTICING OUT-OF-STATE In the event
7 Respondent should leave the State of California to reside or to practice, Respondent shall notify
8 the Board or its designee in writing 30 calendar days prior to the dates of departure and return.
9 Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is
10 not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions
11 Code.

12 All time spent in an intensive training program outside the State of California
13 which has been approved by the Board or its designee shall be considered as time spent in the
14 practice of medicine within the State. A Board-ordered suspension of practice shall not be
15 considered as a period of non-practice. Periods of temporary or permanent residence or practice
16 outside California will not apply to the reduction of the probationary term. Periods of temporary
17 or permanent residence or practice outside California will relieve Respondent of the
18 responsibility to comply with the probationary terms and conditions with the exception of this
19 condition and the following terms and conditions of probation: Obey All Laws and Probation
20 Unit Compliance.

21 Respondent's license shall be automatically canceled if Respondent's periods of
22 temporary or permanent residence or practice outside California total two years. However,
23 Respondent's license shall not be canceled as long as Respondent is residing and practicing
24 medicine in another state of the United States and is on active probation with the medical
25 licensing authority of that state, in which case the two year period shall begin on the date
26 probation is completed or terminated in that state.

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11. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

In the event Respondent resides in the State of California and for any reason Respondent stops practicing medicine in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically canceled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

12. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. VIOLATION OF PROBATION Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

14. LICENSE SURRENDER Following the effective date of this Decision, if

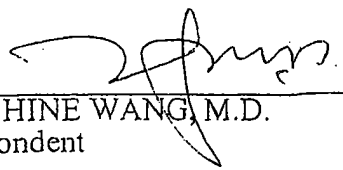
1 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
2 the terms and conditions of probation, Respondent may request the voluntary surrender of
3 Respondent's license. The Board reserves the right to evaluate Respondent's request and to
4 exercise its discretion whether or not to grant the request, or to take any other action deemed
5 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
6 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the
7 Board or its designee and Respondent shall no longer practice medicine. Respondent will no
8 longer be subject to the terms and conditions of probation and the surrender of Respondent's
9 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the
10 application shall be treated as a petition for reinstatement of a revoked certificate.

11 15. PROBATION MONITORING COSTS Respondent shall pay the costs
12 associated with probation monitoring each and every year of probation, as designated by the
13 Board; such costs may be adjusted on an annual basis. Such costs shall be payable to the
14 Medical Board of California and delivered to the Board or its designee no later than January 31
15 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation
16 of probation.

17 ACCEPTANCE

18 I have carefully read the above Stipulated Settlement and Disciplinary Order and
19 have fully discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and
20 the effect it will have on my Physician & Surgeon's Certificate. I enter into this Stipulated
21 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
22 bound by the Decision and Order of the Medical Board of California.

23 DATED: 04/02/08

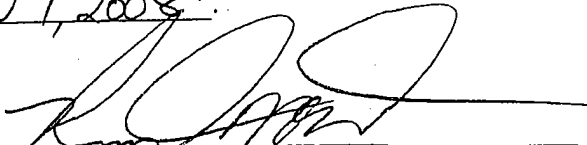
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25 
26 TAISHINE WANG, M.D.
26 Respondent

27 //

28 //

1 I have read and fully discussed with Respondent Taishine Wang, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4 DATED: April 9, 2008


5 
6 RAYMOND J. MCMAHON
7 Attorney for Respondent

8 ENDORSEMENT

9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
10 submitted for consideration by the Medical Board of California of the Department of Consumer
11 Affairs.

12 DATED: 4/22/2008

13 EDMUND G. BROWN JR., Attorney General
14 of the State of California

15 
16 JUDITH T. ALVARADO
17 Deputy Attorney General
18 Attorneys for Complainant
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Exhibit A
Accusation No. 06-2004-160526

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 ROBERT McKIM BELL
Supervising Deputy Attorney General
3 JUDITH T. ALVARADO, State Bar No. 155307
Deputy Attorney General
4 California Department of Justice
300 South Spring Street, Suite 1702
5 Los Angeles, California 90013
Telephone: (213) 576-7149
6 Facsimile: (213) 897-9395

7 Attorneys for Complainant

8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 TAISHINE WANG, M.D.

15 2713 Santa Ana
16 South Gate, CA 90280

17 Physician's & Surgeon's Certificate No. A 42340

18 Respondent.

Case No. 06-2004-160526

ACCUSATION

19 Complainant alleges:

PARTIES

20 1. David T. Thornton (Complainant) brings this Accusation solely in his
21 official capacity as the Executive Director of the Medical Board of California, Department of
22 Consumer Affairs.

23 2. On or about December 9, 1985, the Medical Board of California issued
24 Physician's & Surgeon's Certificate Number A 42340 to Taishine Wang, M.D. (Respondent).
25 The certificate was in full force and effect at all times relevant to the charges brought in this
26 Accusation and will expire on July 31, 2007, unless renewed.

27 ///

28 ///

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 1 2007
BY Cynthia Kozza ANALYST

JURISDICTION

3. This Accusation is brought before the Division of Medical Quality ("Division") under the authority of the following sections of the Business and Professions Code ("Code"):

A. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

B. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating ... any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the

1 standard of care.

2 "(d) Incompetence.

3 "...."

4 C. Section 2266 of the Code states: "The failure of a physician and surgeon to
5 maintain adequate and accurate records relating to the provision of services to their
6 patients constitutes unprofessional conduct."

7 **FIRST CAUSE FOR DISCIPLINE**

8 (Patient Nathlyn V.¹)

9 (Gross Negligence)

10 4. Respondent practices general medicine in a clinic in South Gate,
11 California. He is not board certified in any speciality. The acts or omissions alleged herein
12 occurred in the scope of Respondent's clinical practice.

13 5. Respondent provided medical care and treatment to Patient Nathlyn V.
14 (age 32 at her initial presentation), between 1987 and 2003. Over this period, Respondent
15 primarily treated Nathlyn V. for diabetes, hypertension and epilepsy.

16 **Diabetes²**

17 6. On June 9, 1992, Nathlyn V. had a fasting blood sugar test performed, the
18 result was 180 (normal range 70-110), thereby indicating that Nathlyn V. was diabetic. There is
19 no evidence that Respondent instructed Nathlyn V. how to perform home blood glucose
20 monitoring, diet modification, or on the signs and symptoms of the side effects of diabetes. This
21 especially true for the time frame at issue herein, July 21, 2000 to September 16, 2003.

22 7. Respondent treated Nathlyn V. for her diabetic condition from June 9,
23 1992 to September 16, 2003. From July 21, 2000 to September 16, 2003, Respondent failed to
24 closely monitor the patient for serum laboratory studies, eye examinations or foot examinations.

25 _____
26 1. In this Accusation, the patients are referred to by initial. The full names of the patients
27 will be disclosed to Respondent when discovery is provided pursuant to Government Code
28 section 11507.6

2. Diabetes is a disease in which the body does not produce or properly use insulin.

1 Diabetic patients require routine eye examinations so related eye problems, such as cataracts³,
2 glaucoma⁴ and diabetic retinopathy⁵, can be detected and treated as early as possible. Diabetes is
3 dangerous to a patient's feet in that it can damage the nerves in the feet and cause a decrease in
4 sensation and diabetes can narrow or block the arteries to the feet thereby reducing blood flow.

5 8. On January 16, 2003, Nathlyn V.'s serum glucose level was 454.
6 Respondent made no interventions to treat this critical medical condition. If a patient has a
7 serum glucose level greater than 400, it is expected that the physician will check for ketones to
8 rule out diabetic ketoacidosis⁶, a diagnosis that usually leads to hospitalization. Nathlyn V.'s
9 diabetes was not well controlled and the patient failed to respond to conservative treatment.
10 Nevertheless, Respondent failed to prescribe insulin for Nathlyn V.

11 Hypertension⁷

12 9. Respondent diagnosed Nathlyn V. with hypertension on January 22, 1993;
13 Respondent initiated treatment with Lasix⁸.

14 10. On or about November 5 1994; March 17, 1995; April 14, 1995;
15 September 22, 1995; October 12, 1995; October 18, 1995; November 14, 1995; December 20,
16 1995; February 12, 1996; March 24, 1996; June 19, 1996; June 19, 1996; June 24, 1996;
17 September 3, 1996; November 8, 1996; December 2, 1996; January 7, 1997; January 10, 1997;
18 March 13, 1997; March 27, 1997; June 24, 1997; July 11, 1997; September 2, 1997; September
19 10, 1997; November 20, 1997; December 19, 1997; February 10, 1998; February 18, 1998;

20
21 3. A cataract is a clouding of the lens, the part of the eye that is responsible for focusing
22 light and producing clear images.

23 4. Glaucoma is an eye disease that can lead to progressive and permanent vision loss.

24 5. Diabetic retinopathy is an eye disease that can cause decreased vision and blindness.

25 6. Diabetic ketoacidosis is a life threatening complication of diabetes caused by the build
26 up of the by-products of fat breakdown called ketones.

27 7. Hypertension, also known as high blood pressure, is a medical condition in which the
28 blood pressure is chronically elevated at a reading of 140/90, or higher.

28 8. Lasix is the trade name for furosemide, a diuretic used to treat hypertension.

1 September 17, 1998; October 9, 1998; March 27, 1999; June 2, 1999; March 11, 2002; March
2 14, 2002; June 8, 2002; August 13, 2002; August 16, 2002; September 24, 2002; September 27,
3 2002; October 9, 2002; October 17, 2002; October 21, 2002; and October 23, 2002, Nathlyn V.
4 presented to Respondent's office with signs of hypertensive urgency or emergency: complaints of
5 headache, visual changes, and dizziness, in the setting of systolic blood pressures (the "top"
6 number of the blood pressure reading) in the 180s to 200s. Between March 11, 2002 to October
7 23, 2002, Respondent failed to refer Nathlyn V. to an emergency room or hospitalize her for such
8 episodes. There is no indication in the medical record to indicate that Respondent initiated any
9 type of emergent treatment.

10 11. Moreover, on August 13, 2002; September 24, 2002; and October 17,
11 2002, in the face of a hypertensive emergency, Respondent prescribed DepoMedrol⁹ for Nathlyn
12 V.'s other physical complaints. DepoMedrol is contraindicated in the setting of severe
13 hypertension as DepoMedrol may further increase blood pressure.

14 **Inappropriate Use of Antibiotics**

15 12. Respondent prescribed Lincocin, an antibiotic in the class category of
16 macrolides, on or about April 21, 1988; July 28, 1988; November 1, 1988; March 23, 1989; April
17 27, 1989; October 30, 1989; November 10, 1989; February 8, 1990; September 25, 1990;
18 September 26, 1990; October 5, 1990; January 28, 1991; April 8, 1991; June 29, 1992; December
19 1, 1992; January 12, 1993; January 22, 1993; February 10, 1993; March 15, 1993; July 24, 1993;
20 September 20, 1993; January 5, 1994; April 23, 1994; July 25, 1994; August 17, 1994; December
21 12, 1994; November 14, 1995; December 5, 1995; June 10, 1996; March 13, 1997; July 2, 1997;
22 October 9, 1997; March 27, 1999; November 9, 1999; March 3, 2000; July 21, 2000; July 25,
23 2000; December 8, 2000; February 25, 2002; February 28, 2002; April 18, 2002; August 16,
24 2002; October 9, 2002; October 12, 2002; and August 8, 2003. There was no clinical or
25 diagnostic basis to support the prescription and administration of Lincocin for Nathlyn V. at any
26

27
28 9. DepoMedrol is the trade name for Methylprednisolone acetate, a steroid anti-inflammatory medication.

1 of the aforementioned visits. However, for the purposes of this Accusation, Lincocin was not
2 clinically indicated for the patient's complaints as asserted on July 21, 2000; July 25, 2000;
3 December 8, 2000; February 25, 2002; February 28, 2002; April 18, 2002; August 16, 2002;
4 October 9, 2002; October 12, 2002; and August 8, 2003. This is especially true in light of the
5 fact that a resistance to antibiotics can develop when antibiotics are used for a prolonged period
6 or if used inappropriately, as was done here.

7 13. Dr. Wang's treatment of Nathlyn V. as set forth above includes the
8 following acts and/or omissions which constitute extreme departures from the standard of
9 practice.

- 10 A. His failure adequately monitor and treat diabetes Nathlyn V.'s
11 diabetes from July 21, 2000 to September 16, 2003.
12 B. His failure to adequately monitor and treat Nathlyn V.'s
13 hypertension from May 11, 2002 to September 16, 2003.
14 C. His failure to appropriately prescribe antibiotics to Nathlyn V.
15 from July 21, 2000 to August 8, 2003.

16 14. Respondent's acts and/or omissions as set forth in paragraphs 6 through
17 12, inclusive, above, whether proven individually, jointly, or in any combination thereof,
18 constitute gross negligence pursuant to section 2234 (b) of the Code. Therefore cause for
19 discipline exists.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Patient Nathlyn V.)**

22 **(Incompetence)**

23 15. Respondent is subject to disciplinary action under section 2234 (d) of the
24 Code in that Respondent was incompetent in his care and treatment of patient Nathlyn V. The
25 circumstances are as follows:

26 16. The allegations of First Cause for Discipline are incorporated herein by
27 reference as if fully set forth.

28 17. Dr. Wang's treatment of Nathlyn V. as set forth above includes the

1 following acts and/or omissions which constitute incompetence in his care and treatment of
2 patient Nathlyn V.:

- 3 A. His failure adequately monitor and treat diabetes Nathlyn V.'s
4 diabetes from July 21, 2000 to September 16, 2003.
- 5 B. His failure to adequately monitor and treat Nathlyn V.'s
6 hypertension from March 11, 2002 to September 16, 2003.
- 7 C. His failure to appropriately prescribe antibiotics to Nathlyn V.
8 from July 21, 2000 to August 8, 2003.

9 18. Respondent's acts and/or omissions as set forth in paragraphs 16 and 17,
10 above, constitute incompetence within the meaning of section 2234 (d) of the Code. Therefore,
11 cause for discipline exists.

12 THIRD CAUSE FOR DISCIPLINE

13 (Patient Nathlyn V.)

14 (Repeated Negligent Acts)

15 19. Respondent is subject to disciplinary action under section 2234,
16 subdivision (c) of the Code in that his care and treatment of patient Nathlyn V. constituted
17 repeated negligent acts. The circumstances are as follows:

18 20. The allegations of the First Cause for Discipline are incorporated herein
19 by reference as if fully set forth.

20 21. The allegations of the Second Cause for Discipline are incorporated
21 herein by reference as if fully set forth.

22 22. Throughout Respondent's care and treatment of Nathlyn V. from July 21,
23 2000 to September 16, 2003, Respondent repeatedly and consistently failed to obtain and
24 document an adequate history of the patient's illness. Respondent would elicit a chief complaint
25 from the patient, but did not identify pertinent descriptors.

26 23. Throughout Respondent's care and treatment of Nathlyn V. from July 21,
27 2000 to September 16, 2003, Respondent repeatedly and consistently failed to obtain and
28 document an adequate physical examination of Nathlyn V. Respondent identified body systems

1 as normal or some variant of normal without specifying exam findings.

2 24. Throughout Respondent's care and treatment of Nathlyn V. from July 21,
3 2000 to September 16, 2003, Respondent repeatedly and consistently failed to render and
4 document an adequate assessment or impression of Nathlyn V.'s presenting complaints, based on
5 the Respondent's analysis of the patient's clinical symptoms and his physical examination.

6 25. Dr. Wang's treatment of Nathlyn V. as set forth above includes the
7 following acts and/or omissions which constitute departures from the standard of practice.

8 A. His failure to consistently perform an adequate patient history.

9 B. His failure to consistently perform an adequate physical
10 examination.

11 C. His failure to consistently form an impression or assessment of the
12 patient's presenting illness.

13 26. Respondent's acts and/or omissions as set forth in paragraphs 22 through
14 25, above, whether proven jointly, or in any combination thereof, constitute repeated negligent
15 acts pursuant to section 2234 (c) of the Code. Therefore, cause for discipline exists.

16 **FOURTH CAUSE FOR DISCIPLINE**

17 **(Patient Nathlyn V.)**

18 **(Inadequate Records)**

19 27. Respondent is subject to disciplinary action under section 2266 of the
20 Code in that respondent failed to maintain adequate records of his care and treatment of patient
21 Nathlyn V. The circumstances are as follows:

22 28. Respondent's medical records for his care and treatment of Nathlyn V.
23 span almost 16 years, from September 29, 1987 to September 16, 2003. Except for this patient's
24 initial visit, from July 21, 2000 to September 16, 2003, the medical records fail to identify the
25 patient's symptoms, the Respondent's findings on physical examination, Respondent's
26 impression of the patient's presenting condition and his plan of care. In the instances where
27 Respondent prescribed or administered medication for Nathlyn V., Respondent failed to identify
28 the dose, route and frequency of the medication.

29. Moreover, Respondent's handwriting is difficult to decipher. Indeed, during the interview of the Respondent, he was unable to read his own handwriting.

30. Respondent's acts and/or omissions as set forth in paragraphs 28 and 29, above, constitute the maintenance of inadequate records within the meaning of section 2266 of the Code. Therefore, cause for discipline exists.

FIFTH CAUSE FOR DISCIPLINE

(Patient Yesenia R.)

(Gross Negligence)

31. Patient Yesenia R., age 3, first presented to Respondent on January 27, 2003. She received treatment from Respondent for "well baby visits", immunizations, and upper respiratory infections.

32. During Respondent's care of this small child, he prescribed and administered the antibiotic Lincocin to her approximately twenty-one times. The records reflect that on Yesenia R.'s last seven visits with Respondent, from July 29, 2004 to December 11, 2004, Respondent prescribed and administered Lincocin at every visit.

33. In addition to over-prescribing this antibiotic, Respondent failed to recognize that Yesenia R.'s condition was not responding to the Lincocin.

34. Respondent also prescribed and administered Lincocin in a manner that is contraindicated:

A. He gave Yesenia R. Lincocin when she presented with complaints of diarrhea. Lincocin is a macrolide; a potential side effect of a macrolide is diarrhea. Lincocin should be avoided with patients who are suffering from diarrhea.

B. Respondent prescribed erythromycin¹⁰ in conjunction with Lincocin. Different antibiotics within the same class category adds no benefit and increases the risk of adverse side effects.

10. Erythromycin is a macrolide antibiotic.

1 35. Dr. Wang's treatment of Yesenia R. as set forth above includes the
2 following acts and/or omissions which constitute extreme departures from the standard of
3 practice.

4 A. His failure to appropriately prescribe antibiotics to Yesenia R.

5 36. Respondent's acts and/or omissions as set forth in paragraphs 32 through
6 35, inclusive, above, whether proven individually, jointly, or in any combination thereof,
7 constitute gross negligence pursuant to section 2234 (b) of the Code. Therefore cause for
8 discipline exists.

9 SIXTH CAUSE FOR DISCIPLINE

10 (Patient Yesenia R.)

11 (Incompetence)

12 37. Respondent is subject to disciplinary action under section 2234 (d) of the
13 Code in that Respondent was incompetent in his care and treatment of patient Yesenia R. The
14 circumstances are as follows:

15 38. The allegations of the Fifth Cause for Discipline are incorporated herein
16 by reference as if fully set forth.

17 39. Dr. Wang's treatment of Yesenia R. as set forth above includes the
18 following acts and/or omissions which constitute incompetence in his care and treatment of
19 patient Yesenia R.:

20 A. His failure to appropriately prescribe antibiotics to Yesenia R.

21 40. Respondent's acts and/or omissions as set forth in paragraphs 38 and 39,
22 above, constitute incompetence within the meaning of section 2234 (d) of the Code. Therefore,
23 cause for discipline exists.

24 SEVENTH CAUSE FOR DISCIPLINE

25 (Patient Yesenia R.)

26 (Repeated Negligent Acts)

27 41. Respondent is subject to disciplinary action under section 2234 (c), of the
28 Code in that his care and treatment of patient Yesenia R. constituted repeated negligent acts. The

1 circumstances are as follows:

2 42. The allegations of the Fifth Cause for Discipline are incorporated herein
3 by reference as if fully set forth.

4 43. The allegations of the Sixth Cause for Discipline are incorporated herein
5 by reference as if fully set forth.

6 44. Throughout Respondent's care and treatment of Yesenia R., Respondent
7 repeatedly and consistently failed to obtain and document an adequate history of the patient's
8 illness. Respondent would elicit a chief complaint from the patient's caregiver, but did not
9 identify pertinent descriptors.

10 45. Throughout Respondent's care and treatment of Yesenia R., Respondent
11 repeatedly and consistently failed to obtain and document an adequate physical examination of
12 Yesenia R., which would form the basis for his evaluation and treatment of the patient's
13 presenting complaints.

14 46. Throughout Respondent's care and treatment of Yesenia R. Respondent
15 repeatedly and consistently failed to render and document an adequate assessment or impression
16 of Yesenia R.'s presenting complaints, based on the Respondent's analysis of the patient's
17 clinical symptoms and his physical examination.

18 47. Dr. Wang's treatment of Yesenia R. as set forth above includes the
19 following acts and/or omissions which constitute departures from the standard of practice.

20 A. His failure to consistently perform an adequate patient history.

21 B. His failure to consistently perform an adequate physical
22 examination.

23 C. His failure to consistently form an impression or assessment of the
24 patient's complaints.

25 48. Respondent's acts and/or omissions as set forth in paragraphs 42 through
26 47, above, whether proven jointly, or in any combination thereof, constitute repeated negligent
27 acts pursuant to section 2234 (c) of the Code. Therefore, cause for discipline exists.

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1 **EIGHTH CAUSE FOR DISCIPLINE**

2 (Patient Yesenia R..)

3 (Inadequate Records)

4 49. Respondent is subject to disciplinary action under section 2266 of the
5 Code in that respondent failed to maintain adequate records of his care and treatment of patient
6 Yesenia R. The circumstances are as follows:

7 50. Respondent's medical records for his care and treatment of Yesenia R. fail
8 to include descriptive information regarding the patient's chief complaint and symptoms.
9 Respondent failed to document that he elicited a thorough history from Yesenia R.'s caregiver.
10 Respondent also failed to document that he performed a complete physical examination.
11 Respondent failed to document an assessment or impression following his history and physical
12 examination of the patient's presenting condition and his plan of care. In the instances where
13 Respondent prescribed or administered medication for Yesenia R., Respondent failed to identify
14 the dose, route and frequency of the medication.

15 51. Moreover, Respondent's handwriting is difficult to decipher. During the
16 interview of the Respondent, he was unable to read his own handwriting.

17 52. Respondent's acts and/or omissions as set forth in paragraphs 50 and 51,
18 above, constitute the maintenance of inadequate records within the meaning of section 2266 of
19 the Code. Therefore, cause for discipline exists.

20 **NINTH CAUSE FOR DISCIPLINE**

21 (Patient Elena M.)

22 (Gross Negligence)

23 53. Patient Elena M. was 13 years old when she initially presented to
24 Respondent on October 13, 1993. Elena M. treated with Respondent for approximately 11 ½
25 years, to April 9, 2005. The records indicate that over this span, Elena M. treated with
26 Respondent 87 times, primary for the management of upper respiratory infections or gastric
27 complaints.

28 54. During Respondent's care of Elena M., from September 11, 2000 to April

1 9, 2005, Respondent prescribed and administered the antibiotic Lincocin to her approximately
2 forty-two times. The records reflect that Respondent prescribed and administered Lincocin to
3 Elena M. for prolonged periods, at times over a four to six week duration.

4 55. In addition to over-prescribing this antibiotic, Respondent failed to
5 recognize that Elena M.'s condition was not responding to the Lincocin.

6 56. Respondent also prescribed and administered Lincocin in a manner that is
7 contraindicated:

8 A. He gave Elena M. Lincocin when she presented with complaints of
9 cellulitis¹¹ on July 10 and 15, 2001. Lincocin is poorly indicated
10 for cellulitis.

11 57. Dr. Wang's treatment of Elena M. as set forth above includes the
12 following acts and/or omissions which constitute extreme departures from the standard of
13 practice.

14 A. His failure to appropriately prescribe antibiotics to Elena M.

15 58. Respondent's acts and/or omissions as set forth in paragraphs 54 through
16 57, inclusive, above, whether proven individually, jointly, or in any combination thereof,
17 constitute gross negligence pursuant to section 2234 (b) of the Code. Therefore cause for
18 discipline exists.

19 **TENTH CAUSE FOR DISCIPLINE**

20 **(Patient Elena M.)**

21 **(Incompetence)**

22 59. Respondent is subject to disciplinary action under section 2234 (d) of the
23 Code in that Respondent was incompetent in his care and treatment of patient Yesenia R. The
24 circumstances are as follows:

25 60. The allegations of the Ninth Cause for Discipline are incorporated herein
26 by reference as if fully set forth.

27
28 11. Cellulitis is a bacterial infection of the connective tissue underlying the skin.

1 61. Dr. Wang's treatment of Elena M. as set forth above includes the
2 following acts and/or omissions which constitute incompetence in his care and treatment of
3 patient Elena M.:

4 A. His failure to appropriately prescribe antibiotics to Elena M.

5 62. Respondent's acts and/or omissions as set forth in paragraphs 60 and 61,
6 above, constitute incompetence within the meaning of section 2234 (d) of the Code. Therefore,
7 cause for discipline exists.

8 **ELEVENTH CAUSE FOR DISCIPLINE**

9 **(Patient Elena M.)**

10 **(Repeated Negligent Acts)**

11 63. Respondent is subject to disciplinary action under section 2234,
12 subdivision (c) of the Code in that his care and treatment of patient Elena M. constituted repeated
13 negligent acts. The circumstances are as follows:

14 64. The allegations of the Ninth Cause for Discipline are incorporated herein
15 by reference as if fully set forth.

16 65. The allegations of the Tenth Cause for Discipline are incorporated herein
17 by reference as if fully set forth.

18 66. Throughout Respondent's care and treatment of Elena M. from September
19 11, 2000 to April 9, 2005, Respondent repeatedly and consistently failed to obtain and document
20 an adequate history of the patient's illness. Respondent would elicit a chief complaint from the
21 patient, but did not identify pertinent descriptors.

22 67. Throughout Respondent's care and treatment of Elena M. from September
23 11, 2000 to April 9, 2005, Respondent repeatedly and consistently failed to obtain and document
24 an adequate physical examination of Elena M., which would form the basis for his evaluation and
25 treatment of the patient's presenting complaints.

26 68. Throughout Respondent's care and treatment of Elena M. from September
27 11, 2000 to April 9, 2005, Respondent repeatedly and consistently failed to render and document
28 an adequate assessment or impression of Elena M.'s presenting complaints, based on the

Respondent's analysis of the patient's clinical symptoms and his physical examination.

69. Dr. Wang's treatment of Elena M. as set forth above includes the following acts and/or omissions which constitute departures from the standard of practice.

A. His failure to consistently perform an adequate patient history.

B. His failure to consistently perform an adequate physical examination.

C. His failure to consistently form and document an impression or assessment of the patient's illness.

70. Respondent's acts and/or omissions as set forth in paragraphs 64 through 69, above, whether proven jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234 (c) of the Code. Therefore, cause for discipline exists.

TWELFTH CAUSE FOR DISCIPLINE

(Patient Elena M.)

(Inadequate Records)

71. Respondent is subject to disciplinary action under section 2266 of the Code in that respondent failed to maintain adequate records of his care and treatment of patient Elena M. The circumstances are as follows:

72. Respondent's medical records for his care and treatment of Elena M. from September 11, 2000 to April 9, 2005, fail to include descriptive information regarding the patient's chief complaint and symptoms. Respondent failed to document that he elicited a thorough history from Elena M. Respondent also failed to document that he performed a complete physical examination. Respondent failed to document an assessment or impression following his history and physical examination of the patient's presenting condition and his plan of care. In the instances where Respondent prescribed or administered medication for Elena M., Respondent failed to identify the dose, route and frequency of the medication.

73. Moreover, Respondent's handwriting is difficult to decipher. During the interview of the Respondent, he was unable to read his own handwriting.

74. Respondent's acts and/or omissions as set forth in paragraphs 72 and 73.

1 above, constitute the maintenance of inadequate records within the meaning of section 2266 of
2 the Code. Therefore, cause for discipline exists.

3 THIRTEENTH CAUSE FOR DISCIPLINE

4 (Patient Alfred V.)

5 (Repeated Negligent Acts)

6 75. Patient Alfred V., age 61, initially presented to Respondent on November
7 20, 2001. Respondent provided care and treatment to Alfred V. from November 20, 2001 to
8 January 22, 2003. Over this period, respondent primarily treated Alfred V. for low back pain,
9 gastric complaints and upper respiratory infections.

10 76. Throughout Respondent's care and treatment of Alfred V., Respondent
11 repeatedly and consistently failed to obtain and document an adequate history of the patient's
12 illness. Respondent would elicit a chief complaint from the patient, but did not identify pertinent
13 descriptors.

14 77. Throughout Respondent's care and treatment of Alfred V. Respondent
15 repeatedly and consistently failed to obtain and document an adequate physical examination of
16 Alfred V. which would form the basis for his evaluation and treatment of the patient's presenting
17 complaints.

18 78. Throughout Respondent's care and treatment of Alfred V. Respondent
19 repeatedly and consistently failed to render and document an adequate assessment or impression
20 of Alfred V.'s presenting complaints, based on the Respondent's analysis of the patient's clinical
21 symptoms and his physical examination.

22 **Back Pain**

23 79. Alfred V. treated with Respondent for complaints of lower back pain
24 approximately 19 times between November 20, 2001 and January 22, 2003. During
25 Respondent's evaluation of Alfred V. for complaints of lower back pain, Respondent failed to
26 obtain a pertinent history. Respondent did not elicit from Alfred V. the frequency of his
27 symptoms, the intensity of pain, pain "triggers", duration of symptoms, and actions which may
28 have alleviated the patient's pain.

1 80. Respondent failed to perform an examination of Alfred V.'s back and
2 failed to perform a neurological examination. Respondent failed to order any diagnostic testing
3 such as radiology studies or laboratory studies. Respondent also failed to recommend or
4 prescribe non-pharmacological interventions, such as physical therapy or an exercise regime.

5 81. During the fourteen months Respondent treated Alfred V. for complaints
6 of back pain, Respondent failed to refer Alfred V. to a specialist for his continued complaints.

7 82. During the fourteen months Respondent treated Alfred V. for complaints
8 of back pain, Respondent failed to prescribe first line non-steroidal anti-inflammatory medication
9 (NSAIDS), until Alfred V.'s documented last visit of January 22, 2003. NSAIDS is the
10 recommended treatment for back pain.

11 **Inappropriate Use of Antibiotics**

12 83. Respondent prescribed Lincocin, an antibiotic in the class category of
13 macrolides, to Alfred V. four times between November 20, 2001 and December 10, 2001. It is
14 unclear from the medical record why Respondent continued use of this antibiotic for conditions
15 that did not appear to be responding to this antibiotic.

16 84. Alfred V. complained of abdominal pain and diarrhea when he presented
17 to Respondent on December 10, 2001. Respondent administered Lincocin to Alfred V.
18 notwithstanding that there was no clinical indication or diagnostic basis to support the
19 prescription and administration of Lincocin. Indeed, diarrhea is a potential side effect of a
20 macrolide and should be avoided when a patient is complaining of abdominal pain and diarrhea.
21 Furthermore, resistance to antibiotics can develop when antibiotics are used for a prolonged
22 period or if used inappropriately, as was done here.

23 85. Dr. Wang's treatment of Alfred V. as set forth above includes the
24 following acts and/or omissions which constitute departures from the standard of practice.

25 A. His failure to consistently perform an adequate patient history.

26 B. His failure to consistently perform an adequate physical
27 examination.

28 C. His failure to consistently form an impression or assessment of the

1 patient's presenting illness.

2 D. His failure to adequately evaluate and treat lower back pain.

3 E. His failure to prescribe antibiotics in an appropriate manner.

4 86. Respondent's acts and/or omissions as set forth in paragraphs 76 through
5 85, above, whether proven jointly, or in any combination thereof, constitute repeated negligent
6 acts pursuant to section 2234 (c) of the Code. Therefore, cause for discipline exists.

7 **FOURTEENTH CAUSE FOR DISCIPLINE**

8 (Patient Alfred V.)

9 (Inadequate Records)

10 87. Respondent is subject to disciplinary action under section 2266 of the
11 Code in that respondent failed to maintain adequate records of his care and treatment of patient
12 Alfred V. The circumstances are as follows:

13 88. Respondent's medical records for his care and treatment of Alfred V. fail
14 to include descriptive information regarding the patient's chief complaint and symptoms.
15 Respondent failed to document that he elicited a thorough history from Alfred V. Respondent
16 also failed to document that he performed a complete physical examination. Respondent failed
17 to document an assessment or impression following his history and physical examination of the
18 patient's presenting condition and his plan of care. In the instances where Respondent prescribed
19 or administered medication for Alfred V., Respondent failed to identify the dose, route and
20 frequency of the medication.

21 89. Moreover, Respondent's handwriting is difficult to decipher. During the
22 interview of the Respondent, he was unable to read his own handwriting.

23 90. Respondent's acts and/or omissions as set forth in paragraphs 88 and 89,
24 above, constitute the maintenance of inadequate records within the meaning of section 2266 of
25 the Code. Therefore, cause for discipline exists.

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1 FIFTEENTH CAUSE FOR DISCIPLINE

2 (Patient Alfred V.)

3 (Incompetence)

4 91. Respondent is subject to disciplinary action under section 2234 (d) of the
5 Code in that respondent was incompetent in his care and treatment of patient Alfred V. The
6 circumstances are as follows:

7 92. The allegations of the Thirteenth Cause for Discipline, paragraphs 79
8 through 84, are incorporated herein by reference as if fully set forth.

9 93. Dr. Wang's treatment of Alfred V. as set forth above includes the
10 following acts and/or omissions which constitute incompetence in his care and treatment:

11 A. His failure to adequately evaluate and treat lower back pain.

12 B. His failure to prescribe antibiotics in an appropriate manner.

13 94. Respondent's acts and/or omissions as set forth in paragraphs 92 and 93,
14 above, constitute incompetence within the meaning of section 2234 (d) of the Code. Therefore,
15 cause for discipline exists.

16 SIXTEENTH CAUSE FOR DISCIPLINE

17 (Patient Edward M.)

18 (Repeated Negligent Acts)

19 95. Patient Edward M., was one month shy of his 16th birthday, when he
20 initially presented to Respondent on May 4, 1988. Edward M. was suffering from Down's
21 Syndrome and primarily treated with Respondent for his epilepsy¹² condition. Edward M. treated
22 with Respondent on or about May 4, 1988 to approximately December 11, 2004. Respondent
23 also treated Edward M. for other problems including upper respiratory infections and gastric
24 complaints.

25 96. Throughout Respondent's care and treatment of Edward M., from
26 _____

27 12. Epilepsy, also called seizure disorder, is a brain disorder which causes individuals to
28 have seizures or convulsions. Seizures occur when clusters of nerve cells in the brain send out
the wrong signals.

December 31, 2002 to December 11, 2004, Respondent repeatedly and consistently failed to obtain and document an adequate history of the patient's illness. Respondent would elicit a chief complaint from the patient or his caregiver, but did not identify pertinent descriptors.

97. Throughout Respondent's care and treatment of Edward M. from December 31, 2002 to December 11, 2004, Respondent repeatedly and consistently failed to obtain and document an adequate physical examination of Edward M. which would form the basis for his evaluation and treatment of the patient's presenting complaints.

98. Throughout Respondent's care and treatment of Edward M. from December 31, 2002 to December 11, 2004, Respondent repeatedly and consistently failed to render and document an adequate assessment or impression of Edward M.'s presenting complaints, based on the Respondent's analysis of the patient's clinical symptoms and his physical examination.

Epilepsy

99. Edward M. present to Respondent for complaints associated to his epilepsy approximately 23 times between December 31, 2002 and July 20, 2005. Respondent failed to obtain a pertinent history from Edward M. or his caregiver. Respondent did not elicit from Edward M. what factors may have precipitated or triggered his seizures, the frequency of his seizures, the intensity of the seizures, whether or not the seizures were witnessed, or the duration of the seizure.

100. Despite treating Edward M. for a neurological condition, Respondent failed to perform a neurological examination of Edward M. Respondent failed to initiate any work-up to investigate the intensity of Edward M.'s epilepsy. Respondent failed to order any diagnostic tests, such as an EEG¹³, MRI¹⁴ or laboratory studies.

13. An EEG, electroencephalogram, is a test wherein electrodes are placed on the scalp over multiple areas of the brain to detect and record patterns of electrical activity.

14. An MRI, magnetic resonance imaging, is a radiologic study using magnets and radio waves to create a two dimensional image of various tissue types in the body.

101. Although Respondent prescribed the medication, Dilantin¹⁵, to control Edward M.'s seizures, he failed to obtain blood tests to determine the level of Dilantin in the patient's blood. Patients taking Dilantin should have their blood checked on a regular basis as Dilantin can be toxic and can harm the patient at high serum levels.

102. Respondent also failed to refer Edward M. to a neurologist to perform diagnostic evaluation.

Severe Epigastralgia¹⁶

103. On or about October 6, 2003, Edward M. presented to Respondent with complaints consistent with severe epigastralgia. Respondent, however, failed to perform a physical examination of the patient's abdomen.

104. Respondent also failed to elicit a history from Edward M., which would have included the duration of his symptoms, the frequency of symptoms, intensity of pain, the location of the pain, precipitating factors, and associated symptoms, such as fever.

Inappropriate Use of Antibiotics

105. Respondent prescribed Lincocin, an antibiotic in the class category of macrolides, to Edward M. five times during each of the five visits which occurred between January 20, 2004 and March 5, 2005. There is no clinical or diagnostic indication for the use of antibiotics to treat Edward M.'s symptoms with antibiotic therapy. Resistance to antibiotics can develop when antibiotics are used inappropriately.

106. It is unclear from the medical record whether each visit represented a separate prescription for the same antibiotic, or whether the antibiotic course was extended from the initial visit. It is also unclear from the medical record why Respondent continued use of this antibiotic for a condition that did not appear to be responding to this antibiotic.

107. Dr. Wang's treatment of Edward M. as set forth above includes the following acts and/or omissions which constitute departures from the standard of practice.

15. Dilantin is the trade name for Phenytoin, an anti-seizure medication.

16. Epigastralgia is pain in the upper-mid region of the abdomen.

- 1 A. His failure to consistently perform an adequate patient history.
2 B. His failure to consistently perform an adequate physical
3 examination.
4 C. His failure to consistently form an impression or assessment of the
5 patient's illness.
6 D. His failure to adequately evaluate and treat epilepsy.
7 E. His failure to adequately evaluate and treat severe epigastralgia.
8 F. His failure to prescribe antibiotics in an appropriate manner.

9 108. Respondent's acts and/or omissions as set forth in paragraphs 96 through
10 107, above, whether proven jointly, or in any combination thereof, constitute repeated negligent
11 acts pursuant to section 2234 (c) of the Code. Therefore, cause for discipline exists.

12 **SEVENTEENTH CAUSE FOR DISCIPLINE**

13 **(Patient Edward M.)**

14 **(Inadequate Records)**

15 109. Respondent is subject to disciplinary action under section 2266 of the
16 Code in that respondent failed to maintain adequate records of his care and treatment of patient
17 Edward M. The circumstances are as follows:

18 110. Respondent's medical records for his care and treatment of Edward M.
19 from December 31, 2002 to December 11, 2004, fail to include descriptive information regarding
20 the patient's chief complaint and symptoms. Respondent failed to document that he elicited a
21 thorough history from Edward M. or his caregiver. Respondent also failed to document that he
22 performed a complete physical examination. Respondent failed to document an assessment or
23 impression following his history and physical examination of the patient's presenting condition
24 and his plan of care. In the instances where Respondent prescribed or administered medication
25 for Edward M. Respondent failed to identify the dose, route and frequency of the medication.

26 111. Moreover, Respondent's handwriting is difficult to decipher. During the
27 interview of the Respondent, he was unable to read his own handwriting.

28 112. Respondent's acts and/or omissions as set forth in paragraphs 110 and

1 111, above, constitute the maintenance of inadequate records within the meaning of section 2266
2 of the Code. Therefore, cause for discipline exists.

3 EIGHTEENTH CAUSE FOR DISCIPLINE

4 (Patient Edward M.)

5 (Incompetence)

6 113. Respondent is subject to disciplinary action under section 2234 (d) of the
7 Code in that respondent was incompetent in his care and treatment of patient Edward M. The
8 circumstances are as follows:

9 114. The allegations of the Seventeenth Cause for Discipline, paragraphs 105
10 and 106, are incorporated herein by reference as if fully set forth.

11 115. Dr. Wang's treatment of Edward M. as set forth above includes the
12 following acts and/or omissions which constitute incompetence in his care and treatment:

13 A. His failure to prescribe antibiotics in an appropriate manner.

14 116. Respondent's acts and/or omissions as set forth in paragraphs 114 and
15 115, above, constitute incompetence within the meaning of section 2234 (d) of the Code.
16 Therefore, cause for discipline exists.

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1. Revoking or suspending Physician's & Surgeon's Certificate Number A 42340, issued to Taishine Wang, M.D.;
2. Ordering Taishine Wang, M.D., if placed on probation, to pay the costs of probation monitoring;
3. Prohibiting Taishine Wang, M.D. from supervising physician's assistants pursuant to section 3527 of the Code; and
3. Taking such other and further action as deemed necessary and proper.

DAVID TIGER

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Exhibit B

Suspension Order

Medical Board of California Case No. 06-2004-160526

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

TAISHINE WANG, M.D.)

Case No. 06-2004-160526

Physician's and Surgeon's
Certificate No. A 42340)

Respondent.)

SUSPENSION ORDER

In the Medical Board of California ("Board") Case No. 06-2004-160526, the Board issued a Decision and Order adopting a Stipulated Settlement and Disciplinary Order which became effective June 23, 2008. In the Board's order, Physician's and Surgeon's Certification No. A 42340, issued to Taishine Wang, M.D., was ordered revoked, revocation stayed and Respondent was placed on probation for four years including terms and conditions.

Probation condition No. 1 requires Respondent, within 60 days from the effective date of the decision, to enroll in a clinical training program or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"). Respondent was also required to complete the program within six months after his initial enrollment. Condition No. 1 provides that, "If respondent fails to complete the clinical training program within the designated time period, Respondent shall cease the practice of medicine within 72 hours after being notified by the Board or its designee that respondent failed to complete the clinical training program."

Respondent has failed to successfully complete the clinical training program as mandated in the above Decision and Order, and accordingly, the certificate to practice medicine number A 42340 issued to Taishine Wang, M.D., is suspended from the date and time of this Order. Respondent shall remain suspended from the practice of medicine until Respondent successfully completes the clinical training program, as evidenced by written notice to Respondent from the Board or its designee.

IT IS SO ORDERED May 22, 2009

By: 

A. RENEE THREADGILL
Chief of Enforcement